

SITE SAFETY PLAN – SHORT FORM

SECTION 1: GENERAL INFORMATION & ACKNOWLEDGEMENTS

CLIENT NAME: Gilbert & Bennett Manufacturing PROJECT NAME: Harco Site
Mark Barmasse
 PROJECT MANAGER: David Potts JOB NUMBER: 1835-4-2
 PROJECT LEADER: David Potts REVISION: _____
 SITE HEALTH & SAFETY OFFICER: E. Gallagher
 PREPARED BY: _____ DATE: June 22, 1992
 SHORT FORM APPROVED BY: _____ Date _____
 Corporate Health & Safety: _____
 Regional H & S Coordinator: _____
 Project Manager: Mark Barmasse 6/23/92
 Project Leader: _____

SECTION 2: PROJECT INFORMATION

(1) WILL POTENTIAL HAZARDS TO ON-SITE PERSONNEL EXIST? (YES OR NO)

Physical: Yes [If yes, see Section 3]
 Chemical: Yes [If yes, see Section 4]
 Confined space entry: No [If yes, see Section 6]

(2) SITE INFORMATION

Site Name: Harco Site Site contact: Rich Oriente
 Address: Old Mill Road Phone No.: ***
Wilton, Connecticut

(3) SITE CLASSIFICATION: [check all that apply]

_____ Hazardous (RCRA) X Hazardous (CERCLA) _____ Other X
 _____ Construction _____ UST/LUST _____ Active
 _____ Sanitary landfill _____ Manufacturing X Inactive

(4) PURPOSE AND DATE(S) OF FIELD VISIT(S) June 23 and 24 1 1 9 9 2

Data Collection

(5) TASKS: Soil Borings



(6) ON-SITE ORGANIZATIONMPI Personnel

D. Potts *

M. Barmasse

Responsibilities

Hydrogeologist

Project Manager

NOTE: Identify on-site field leader/supervisor with an asterisk (*).

NOTE: This site safety plan has been prepared for use by Malcolm Pirnie, Inc. employees. Malcolm Pirnie, Inc. claims no responsibility for its use by others. The plan is written for the specific site conditions, purposes, dates and personnel specified and must be amended if these conditions change.

Contractors and subcontractors whose work will be performed on-site, or who otherwise could be exposed to health and safety hazards, will be advised of known hazards through distribution of site information obtained by Malcolm Pirnie, Inc. from others, and this Site Safety Plan (SSP). They shall be solely responsible for the health and safety of their employees and shall comply with all applicable laws and regulations. All contractors and subcontractors are responsible for: (1) providing their own personal protective equipment; (2) training their employees in accordance with applicable Federal, State and local laws; (3) providing medical surveillance and obtaining medical approvals for their employees; (4) insuring their employees are advised of and meet the minimum requirements of this SSP and any other additional measures required by their site activities; and (5) designating their own site safety officer.

(7) BACKGROUND INFORMATION (attach existing description and map if available)

See Attachment A

SECTION 3: PHYSICAL HAZARDS INFORMATION**(1) IDENTIFY POTENTIAL PHYSICAL HAZARDS TO WORKERS:**

Confined space	X	Steep/uneven terrain	X	Surface waters
X Heavy equipment	X	Heat stress		Drum handling *
X Moving parts		Extreme cold	X	Noise

Describe other unsafe environments _____

* Spill containment plan to contain and isolate materials is to be attached to this form.

(2) PROTECTIVE EQUIPMENT REQUIRED? Yes _____ No X

If yes, complete Section 8.

(3) SAFETY EQUIPMENT REQUIRED:

<input type="checkbox"/> Harnesses	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Lights
<input type="checkbox"/> Explosimeter	<input type="checkbox"/> Eye wash	<input type="checkbox"/> Lights -- emergency
<input type="checkbox"/> Blower	<input type="checkbox"/> Shower	<input type="checkbox"/> Safety cones
<input type="checkbox"/> Lifeline	<input type="checkbox"/> Barrier tape	<input checked="" type="checkbox"/> Communications -- on-site
<input type="checkbox"/> Ladder	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Communications -- off-site
<input checked="" type="checkbox"/> First aid kit	<input type="checkbox"/> Emergency air horn	

Describe other _____

(4) See Section 9 for additional safe work practices.**SECTION 4: CHEMICAL HAZARDS INFORMATION****(1) IDENTIFIED CONTAMINANTS**

Known or suspected hazardous/toxic materials [attach tabulated data if available]

<u>Media</u>	<u>Substances Involved</u>	<u>Characteristics</u>	<u>Estimated Concentrations</u>
SL	Metals	Toxic	lead 34,500 ppm
SL	Volatile Organic Compounds	V O	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Media types: GW (ground water), SW (surface water), WW (wastewater), AI (air)

SL (soil), SD (sediment), LE (leachate), WA (waste), OT (other)

WL (waste, liquid), WS (waste, solid), WD (waste, sludge), WG (waste, gas)

Characteristics: CA (corrosive, acid), CC (corrosive, caustic), IG (ignitable), RA (radioactive),

VO (volatile), TO (toxic), RE (reactive), UN (unknown), OT (other, describe)

(2) DESCRIBE POTENTIAL HAZARDS FOR EACH MEDIA TYPE:

Skin contact inhalation of vapors, Inhalation of particulates/Nuisance Dust

(3) SITE RECONNAISSANCE PERFORMED? Yes ☒ No _____**(4) OVERALL SITE HAZARD LEVEL:**_____ Serious _____ Moderate ☒ Low _____ Unknown

(5) SITE MONITORING REQUIRED? Yes ☒ No ☐

If yes, identify monitoring equipment below:

☒ HNU meter (lamp _ 1 0 . 2 e v)

☐ Explosimeter

☐ Organic vapor analyzer (OVA)

☐ Radiation detector *

☐ Respirable dust monitor

☐ Other

Describe other: _____

*Monitoring for ionizing radiation is required wherever it may be present.

Monitoring equipment is to be calibrated according to manufacturers instructions.

Record measured levels in log book.

Describe method of surveillance (e.g., continuous, periodic, etc.). Indicate action levels and

Periodic monitoring at top of borehole and in breathing zone every 5 feet of depth or every fifteen minutes, whichever is more frequent. Respirators will be donned if total organic vapor readings of 5 ppm are detected in the breathing zone.

(6) PROTECTIVE CLOTHING REQUIRED? ☐ Yes ☒ No

If yes, complete protective equipment form (Section 8).

(7) RESPIRATORS REQUIRED? ☐ Yes ☒ No

If yes, complete Section 8 and respirator log (Attachment 2).

SECTION 5: HAZARD COMMUNICATION PROGRAM

For each chemical introduced to the site by Malcolm Pirnie, Inc. (e.g. decontamination liquids), Material Safety Data Sheets (MSDSs) are attached to this form for review by all field personnel. These chemicals include the following:

Alconox

SECTION 6: CONFINED SPACE ENTRY

(1) WILL CONFINED SPACE ENTRY TAKE PLACE? YES ☐ No ☒

If yes, complete Attachment I, the Confined Space Entry Permit, prior to entering each confined space, each work shift. The Confined Space Permit must be posted outside the confined space.

SECTION 7. EMERGENCY INFORMATION

TO BE POSTED IN SITE – TRAILER/OFFICE OR IN FIELD VEHICLES.

- (1) Employees shall evacuate site when emergency occurs.

EMERGENCY ESCAPE ROUTES (attach map):

____ N.A. (open area)

NOTE: When site is evacuated due to on-site emergency, personnel shall not re-enter until:

- a. The conditions resulting in the emergency have been corrected.
- b. The hazards have been reassessed.
- c. The Site Safety Plan has been reviewed.
- d. Site personnel have been briefed on any changes in the Site Safety Plan.

- (2) PUBLIC RESOURCES

CHEMTREC

Phone: 800-424-9555

NATIONAL RESPONSE CENTER

Phone: 800-424-8802

Ambulance (name): ____ Fire Dept

Phone: 911

Hospital (name): ____ Danbury Hospital

Phone: 911

Police (local or state): ____ Wilton

Phone: 911

Fire Dept. (name): ____ Wilton

Phone: 911

Nearest phone: _____

- (3) CORPORATE RESOURCES

Mark McGowan

(914) 694-2100 work

Catherine Bobenhausen, CIH

(914) 694-2100 work

Angelo Musone, CSP

(914) 694-2100 work

K. Cichon

(203) 635-3400

(Regional Health & Safety Coordinator)

Joseph Cimino, MD (Corporate medical consultant)

(914) 993-4254

(Regional Medical Consultant)

- (4) DIRECTIONS TO NEAREST HOSPITAL (attach map): From site take left onto Old Mill Road, right onto Matthews St., left onto Rt. 7 south into Norwalk then right into NewCanaan Ave. left onto left onto Riverside Ave. Riverside turns into Van Buren Ave. Take left onto Maple St. Hospital on left

- (5) WHOM TO NOTIFY IN CASE OF ACCIDENT ____ K. Cichon

Also notify: Brenda Verdesi, MPI Benefits Administrator (914) 641-2551

- (6) DESIGNATED SITE SAFETY OFFICER DIRECTLY RESPONSIBLE TO THE MANAGER FOR

SAFETY RECOMMENDATIONS IS : David Potts

SECTION 8: PROTECTIVE EQUIPMENT LIST

NAME	MEDICAL CURRENT (date)	HAZ. MAT. TRAINING (date)	MGR./SUPV. TRAINING (date)	FIT TEST Current (include type & date)
=====	=====	=====	=====	=====
D. Potts	4/92	3/90	9/90	MSA 1/92
M. Barnasse	2/91	5/88	3/89	MSA 3/91
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TASK	RESPIRATORS & CARTRIDGE*	CLOTHING	GLOVES	BOOTS	OTHER
=====	=====	=====	=====	=====	=====
Soil Borings	D or C; if needed	__C	__L/N	__S	__G or L/E
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESPIRATORS	CARTRIDGE	CLOTHING	GLOVES	BOOTS	OTHER
=====	=====	=====	=====	=====	=====
B = SCBA	O = Organic vapor	T = Tyvek	B = Butyl	F = Firemans	F = Face shield
C = Resp.	G = Organic vapor & acid gas	P = PE Tyvek	L = Latex	L = Latex	G = Goggles
D = N/A	A = Asbestos (HEPA)	S = Saranex	N = Neoprene	N = Neoprene	L = Glasses
E = Escape	P = Particulate	C = Coveralls	T = Nitrile	S = Safety	H = Hardhat
	C = Combination organic vapor & particulate		V = Viton		

* Action levels for upgrade/downgrade _____

Note: Emergency SCBA 5-minute escape units are to be provided for work in level C atmospheres.

SECTION 9: SAFE WORK PRACTICES

THE FOLLOWING WORK PRACTICES MUST BE FOLLOWED BY PERSONNEL ON-SITE

1. Smoking, eating or drinking are forbidden.
2. Ignition of flammable liquids within or through improvised heating devices (e.g., barrels) is forbidden.
3. Contact with samples, excavated materials, or other contaminated materials must be minimized.
4. Use of contact lenses is prohibited.
5. Do not kneel on the ground when collecting samples.
6. If drilling equipment is involved, know where the 'kill switch' is.
7. All electrical equipment must be plugged into ground fault interrupter (GFI) protected outlets.

SECTION 10: EMPLOYEE ACKNOWLEDGEMENTS:

I acknowledge that I have reviewed the information on this Site Safety Plan Short Form and the attached Material Safety Data Sheets (MSDSs). I understand the site hazards as described and agree to comply with the contents of this Plan.

EMPLOYEE (print)

SIGNATURE

DATE

David PottsR. A. P.6/22/92Mark BarmasseMark Barmasse6/23/92

ATTACHMENT I

CONFINED SPACE ENTRY PERMIT

CHECK ONE:		<input type="checkbox"/> Permit required, confined space	
		<input type="checkbox"/> Permit required, low-hazard permit space	
Client _____		Location _____	
Confined space description _____			
Tasks description _____			
Entry date _____		Entry time _____	
ISOLATION CHECKLIST			
<input type="checkbox"/> Blanking/bleeding	<input type="checkbox"/> Line breaking	<input type="checkbox"/> Purging	<input type="checkbox"/> Electrical(lockout/tagout)
<input type="checkbox"/> Mechanical (secure moving parts)			
HAZARDS EXPECTED			
<input type="checkbox"/> Corrosive materials	<input type="checkbox"/> Spark producing operations	<input type="checkbox"/> Volatile liquids	
<input type="checkbox"/> Hot equipment	<input type="checkbox"/> High pressure liquids	<input type="checkbox"/> Toxic materials	
<input type="checkbox"/> Flammable materials	<input type="checkbox"/> Decomposition/oxidation	<input type="checkbox"/> Oxygen deficiency	
VESSEL CLEANED			
<input type="checkbox"/> Residue removed	<input type="checkbox"/> Interior washed	<input type="checkbox"/> Air purged	
ATMOSPHERE TESTING			
% Oxygen:	Date/Time _____	Reading _____	Initials _____
% Explosivity:	Date/Time _____	Reading _____	Initials _____
(PPM) Toxic:	Date/Time _____	Reading _____	Initials _____
	Date/Time _____	Reading _____	Initials _____
Other:	Date/Time _____	Reading _____	Initials _____
PERSONAL SAFETY CHECKLIST			
<input type="checkbox"/> Respiratory protection	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Life lines & harness	<input type="checkbox"/> Tripod
<input type="checkbox"/> Protective clothing	<input type="checkbox"/> Lighting	<input type="checkbox"/> Buddy system	<input type="checkbox"/> Barricades
<input type="checkbox"/> Emerg. egress procedure	<input type="checkbox"/> Gloves	<input type="checkbox"/> Standby person	<input type="checkbox"/> Other
<input type="checkbox"/> Head protection	<input type="checkbox"/> Communications	<input type="checkbox"/> Sign posted	
AUTHORIZATIONS			
_____	Date _____		
_____	Date _____		
_____	Date _____		
ALL PROCEDURES UNDERSTOOD			
Entry person _____	Date _____		
Entry person _____	Date _____		
Standby person _____	Date _____		
Rescue person _____	Date _____		

ATTACHMENT II
RESPIRATORY PROTECTION
Page 1 of 2
RESPIRATOR LOG SHEET

SITE NAME _____

LOCATION _____

DATE OF ENTRY _____

RESPIRATOR TYPE _____

TYPE OF CARTRIDGE _____

USER =====	DATE OF USE =====	CLEANED AND	CARTRIDGE CHANGEDS	TOTAL HOURS ON CARTRIDGE =====
		INSPECTED PRIOR TO USE (INITIALS) =====	PRIOR TO USE (YES OR NO) =====	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Site Manager)_____
(Date)

RETURN AT COMPLETION OF ACTIVITY



ATTACHMENT II
RESPIRATORY PROTECTION
Page 2 of 2
SCBA RESPIRATOR LOG

SITE NAME _____

LOCATION _____

DATE OF ENTRY _____

USER =====	DATE OF USE =====	SCBA NUMBER =====	SATISFACTORY CHECK-OUT (YES/NO - INITIALS) =====	DATE CLEANED =====
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCBA Performance Comments: _____

 (Site Manager) (Date)

RETURN AT COMPLETION OF ACTIVITY

Material Safety Data Sheet

Required under USDL Safety and Health Regulations
for Shipyard Employment (29 CFR 1915)

U.S. Department of Labor

Occupational Safety and Health Administration

OMB No. 1218-0074
Expiration Date 05/31/86

PREPARED 1/10/86

Section I

Manufacturer's Name
ALCONOX, INC.

Emergency Telephone Number
(212) 473-1300

Address (Number, Street, City, State, and ZIP Code)
215 PARK AVENUE SOUTH

Chemical Name
and Synonyms **N.A.**

NEW YORK, N.Y. 10003

Trade Name
and Synonyms **ALCOTABS**

Chemical Family **ANIONIC DETERGENT IN TABLET FORM**

Section II - Hazardous Ingredients

Paints, Preservatives, and Solvents		%	TLV (Units)	Alloys and Metallic Coatings		%	TLV (Units)
Pigments	NONE			Base Metal	NONE		
Catalyst	NONE			Alloys	NONE		
Vehicle	NONE			Metallic Coatings	NONE		
Solvents	NONE			Filler Metal Plus Coating or Core Flux	NONE		
Additives	NONE			Others	NONE		
Others	NONE						

Hazardous Mixtures of Other Liquids, Solids or Gases

NONE

Section III - Physical Data

Boiling Point (°F)	N.A.	Specific Gravity (H ₂ O=1)	N.A.
Vapor Pressure (mm Hg.)	N.A.	Percent Volatile by Volume (%)	N.A.
Vapor Density (AIR=1)	N.A.	Evaporation Rate _____ = 1)	N.A.

Solubility in Water **APPRECIABLE**

Appearance and Odor **WHITE TABLET ABOUT 3/4 INCH IN DIAMETER - ODORLESS**

Section IV - Fire and Explosion Hazard Data

Flash Point (Method Used)	N.A.	Flammable Limits	N.A.	Let	N.A.	Uel	N.A.
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Extinguishing Media **WATER, CO₂, DRY CHEMICAL, FOAM, SAND/EARTH**

Special Fire Fighting Procedures

FOR FIRES INVOLVING THIS MATERIAL, DO NOT ENTER WITHOUT PROTECTI

EQUIPMENT AND SELF CONTAINED BREATHING APPARATUS

Fire and Explosion Hazards

NONE

Section V - Health Hazard Data

Threshold Limit Value NO DATA AVAILABLE - NON IRRITATING

Effects of Overexposure N.A.

Emergency First Aid Procedures IF SOLUTION IS SPLASHED IN EYES FLUSH WITH PLENTY OF WATER FOR 15 MINUTES, IF ACCIDENTALLY SWALLOWED INDUCE VOMITING AND SEE A PHYSICIAN

Section VI - Reactivity Data

Stability	Unstable		Conditions to Avoid	N.A.
	Stable	X		

Incompatibility (Materials to Avoid) N.A.

Hazardous Decomposition Products MAY RELEASE CO₂ GAS ON BURNING

Hazardous Polymerization	May Occur		Conditions to Avoid	N.A.
	Will Not Occur	X		

Section VII - Spill or Leak Procedures

Steps to be Taken in Case Material is Released or Spilled SHOVEL AND RECOVER AS MUCH AS POSSIBLE. RINSE REMAINDER TO SEWER. MATERIAL IS COMPLETELY BIODEGRADABLE.

Waste Disposal Method SMALL QUANTITIES MAY BE DISPOSED OF IN SEWER. LARGE QUANTITIES SHOULD BE DISPOSED OF ACCORDING TO LOCAL REQUIREMENTS FOR NON-HAZARDOUS DETERGENT

Section VIII - Special Protection Information

Respiratory Protection (Specify Type) NOT REQUIRED

Ventilation	Local Exhaust	NORMAL	Special	N.A.
	Mechanical (General)	N.A.	Other	N.A.

Protective Gloves NOT REQUIRED Eye Protection NOT REQUIRED

Other Protective Equipment NOT REQUIRED

Section IX - Special Precautions

Precautions to be Taken in Handling and Storing STORE IN A DRY PLACE. MATERIAL IS HYDROSCOPIC.

Other Precautions NO SPECIAL PRECAUTIONS OTHER THAN THE GOOD INDUSTRIAL HYGIENE AND SAFETY PRACTICES EMPLOYED WITH ANY INDUSTRIAL CHEMICAL.



